

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	RODERICK et al.	Examiner:	Sara M. Hanne		
Application No.:	09/918,789	Art Unit:	2173		
Filed:	July 27, 2001	Docket No.	INT1P910C1		
Title:	PUSHBUTTON USER INTERFACE WITH FUNCTIONALITY PREVIEW				

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First-Class Mail in a prepaid envelope addressed to: Commissioner for Patents, P.O. Box, 1450, Alexandria, VA 22/12/1450 on:

April 22, 2005.

erhifer C. Gross

TRANSMITTAL OF AMENDMENT C

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment C in response to Office Action mailed February 24, 2005, in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Ent	Small Entity		Large Entity	
CLAIMS				Rate	Fee		Rate	Fee
Total	19	19	-0-	x \$25 = \$		OR	x \$50 = \$	
Independent	4	4	-0-	x \$100 = \$		OR	x \$200 = \$	
Multiple Dependent Claims			x \$180 = \$		OR	x \$360 = \$		
*HP = Highest previously paid			TOTAL FEE \$		OR	TOTAL FEE \$	-0-	

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
Extension for Response within FIRST month	x \$ 60 = \$		OR	x \$120 = \$	
Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
☐ Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
☐ Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

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be gra	Applicant(s) believe that no (additionined that such an extension is require nted and authorize the Commissioner 37 CFR 1.136 to Deposit Account No.	ed, Applicant(s) hereby to charge the required	petition that such an extension fees for an Extension of Time				
☐ fee an	Enclosed is our Check No in the d/or extension of time fees.	amount of \$	to cover the additional claim				
	Enclosed is Applicant Initiated Inter	view Request Form, PT	OL-413A.				
	Enclosed aresheets replacement drawings.						
□ \$	Please charge Deposit Account No. 50-0685 (INT1P910C1) in the amount of to cover the additional claim fee and/or extension of time fees.						
	If the required fees are missing or an object application, please charge such follows (INT1P910C1).	•					
	OTHER:						
		Respectfully submittee VAN PELT, YI & JA					
		William D	Domes				
		William J. James Registration No. 40,66	51				

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